

Escrow Agent Quarterly Report Form

State of Washington
Department of Financial Institutions
Securities Division
P.O. Box 9033
Olympia, WA 98507-9033

Telephone (360) 902-8760
Fax (360) 902-0524

Escrow Agent Report Form (R/2/23/05)

Escrow Agent Name: _____ Report for Quarter Ended: _____

Contact Name: _____ Phone: _____ E-Mail: _____

Trust Account Information (See WAC 208-680E-011 and RCW 18.44.400)ⁱ

Trust Account Number: _____ Bank/Location: _____

(If more than one trust account is used, a separate and individually signed first page of the Quarterly Report Form should be submitted for each trust account.)

- How often is the above trust account reconciled? _____
- As of what date was the above trust account last reconciled? _____
- As of the last reconciliation date, did the above trust account's bank balance reconcile to the trial balance of your outstanding trust liability?

Yes _____ No _____

Note: By "reconcile" we mean that you have identified and corrected all differences between the bank balance and the trial balance.

- If your answer to the above question is "No" identify the dollar amount outstanding of any and all differences not corrected.

\$ _____ Attach an explanation of the actions you will take to identify and correct all differences.

- Do you have any individual escrow accounts with negative balances?

Yes _____ No _____

If your answer is yes, please attach a detailed explanation.

- As of the last reconciliation date, did the dollar amount of the total outstanding trust liability equal the dollar amount of the trial balance total for all escrows with remaining balances?

Yes _____ No _____

If your answer is no, please attach a detailed explanation.

Certification

This form section must be signed by the Designated Escrow Officer, certifying as to the accuracy of the trust account responses and information provided.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Place

Name

Title

Escrow Agent Operations

Since the date of the last quarterly report submitted to DFI:

	Yes	No
Has there been any material adverse change in the financial condition of the above named escrow agent that may affect its ability to perform its ongoing obligations to its client? (RCW 18.44.301; -430; -470; WAC 208-680C-045)	<input type="checkbox"/>	<input type="checkbox"/>
Has the above named escrow agent or any escrow officer or employee of the above escrow agent been named as a defendant in any criminal proceeding? (RCW 18.44.301; -430; WAC 208-680D-070)	<input type="checkbox"/>	<input type="checkbox"/>
Has the above named escrow agent or any escrow officer or employee of the above escrow agent been notified or become aware that they are the subject of any investigation or enforcement action by any state or federal regulatory agency? (RCW 18.44.301; -430; WAC 208-680D-070)	<input type="checkbox"/>	<input type="checkbox"/>
Has the above named escrow agent or any escrow officer or employee of the above escrow agent been named in any lawsuit related to the escrow agent's activities? (RCW 18.44.301; -430; WAC 208-680D-070)	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any change in the ownership of the above named escrow agent? (WAC 208-680B-015)	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any changes in the address of the above escrow agent's main office or any branch office locations, or have any offices opened or closed? (RCW 18.44.041; RCW18.44.061; WAC 208-680C-040; WAC 208-680C-045)	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any change in the location of the books and records maintained by the above escrow agent? (WAC 208-680D-030)	<input type="checkbox"/>	<input type="checkbox"/>
Has the above escrow agent's fidelity bond, errors and omissions coverage or surety coverage (if applicable) expired or been cancelled, or has the escrow agent taken any action that violates any of the terms of coverage? (RCW 18.44.201; RCW 18.44.211; WAC 208-680F-070)	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to any of the above questions about escrow agent operations, attach to this report a detailed explanation of the events that have occurred.

Certification

This form section must be signed by an officer of the escrow agent, certifying as to the accuracy of the operational responses and information provided.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Place

Name

Title

Escrow Agent Operational Data (Optional)

Please provide the following data, by month, for the period since the last quarterly report was submitted.

Insert month and year:			
Number of escrow accounts closed			
Gross dollar amount of total funds received			
Gross dollar amount of total funds disbursed			
Gross fees earned (before sales tax)			

ⁱ *This report cites to specific statutes and rules that often relate to specific topics on this report. These citations are not an exclusive list of possibly applicable provisions. It is likely that the requested information will relate to other statutes and rules depending on the facts and circumstances.*